State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364/Fax: 615-741-9884

REPORT OF INTENT TO ALTER EXISTING HOSPITAL BED CAPACITY

Instructions: This form must be filed with the Health Services and Development Agency prior to the hospital's request for review by the Department of Health/Board for Licensing Health Care Facilities or Department of Mental Health and Substance Abuse Services.
NOTE: Public Chapter 1043 permits a hospital, rehabilitation facility, or mental health hospital no more frequently than one (1) time every three (3) years to increase its total number of licensed beds in any bed category by ten percent (10%) or less of its licensed capacity at any one (1) campus over any period of one (1) year for any services and purposes it is licensed to perform without obtaining a certificate of need. If you wish to pursue this exemption, please complete this form.

1. NAME AND ADDRESS OF PROVIDER'S CAMPUS

(Name)

(Street Address) (County)

(Mailing Address, if different from Street Address)

(City) (State) (Zip) (Telephone Number)

2. NAME AND ADDRESS OF OWNER OF PROVIDER'S CAMPUS

(Name)

(Street Address)

(City) (State) (Zip) (Telephone Number)

3. CONTACT PERSON OR AUTHORIZED AGENT

(Name) (Title)

(Company) (Email Address)

(Mailing Address) (Telephone Number)

(City) (State) (Zip) (Fax Number)

4. BRIEF DESCRIPTION OF PROJECT

5. BED COMPLEMENT DATA

Bed Type	Current Beds	Bed Change Proposed	Total Beds After Project Completion
Total Licensed			
*Acute			
Neonatal Intensive Care (NICU)			
Rehabilitation			
Adult/Geriatric Psychiatric			
Child/Adolescent Psychiatric			

**Acute beds include: medical and/or surgical, obstetric and/or gynecology, pediatric, and intensive/cardiac care.*

6. PREVIOUS BED INCREASES

If applicable, list the previous dates that beds were added under this provision.

Date	Number of Beds Added	Bed Type(s)

7. PROJECTED COMPLETION DATE

I hereby certify that this information is true to the best of my knowledge, information, and belief, and that supplemental written notification will be filed with the Tennessee Health Services and Development Agency in the event of any change in the information given in this report.

Signature

Date